

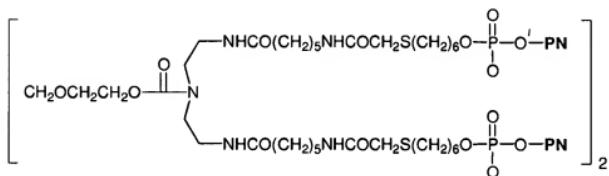
AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions and listings of claims in the application:

Claims 1-26 (cancelled)

Claim 27 (currently amended): A method of treating systemic lupus erythematosus (SLE) in a human individual, comprising:

administering to the human individual an effective amount of an agent which reduces anti-dsDNA antibody in the individual, wherein the administration of the agent results in a sustained reduction of anti dsDNA antibody for at least about one month, wherein the sustained reduction is at least about 10% below baseline in the individual, wherein the agent is administered in the form of a conjugate of the formula



wherein PN is (CA)<sub>10</sub>•(TG)<sub>10</sub> ((SEQ ID NO:2)•(SEQ ID NO:1)), and wherein the administration of the agent comprises administering a dose of about 3 mg/kg or higher of the conjugate to the individual; and

determining if there is a sustained reduction of circulating anti-dsDNA antibodies in the individual of at least 10% below baseline for at least two months in the individual, wherein said sustained reduction indicates the effectiveness of the treatment.

Claims 28-30 (cancelled)

Claim 31 (currently amended): The method of claim 27 wherein ~~the agent is administered in the form of the conjugate and the administration of the agent comprises administering a dose of the conjugate to the individual in doses of about 5 mg/kg to about 100 mg/kg of the conjugate to per kg of the individual.~~

Claims 32-35 (cancelled)

Claim 36 (currently amended): The method of claim 27 wherein the administration of the agent comprises administering ~~a dose of~~ about 200 mg to about 500 mg of the conjugate to the individual per week.

Claims 37-40 (cancelled)

Claim 41 (currently amended): The method of ~~any one of claims 1, 14, 27 or 28~~ wherein the conjugate is administered repetitively.

Claim 42 (new): The method of claim 27, which is a method of reducing the risk of renal flare in an individual.

Claim 43 (new): The method of claim 27, which is a method of reducing the risk of Major SLE flare in an individual.

Claim 44 (new): The method of claim 27, which is a method of reducing the risk of hospitalization due to SLE.

Claim 45 (new): The method of claim 27, which further comprises the step of adjusting the dosage of the agent administered to the individual based on the level of anti-dsDNA antibodies.

**Claim 46 (new):** The method of claim 45, wherein adjusting the dosage of the agent comprises adjusting the frequency of administration of the agent.

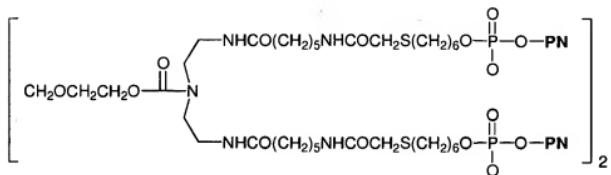
**Claim 47 (new): A method of monitoring a treatment for SLE in a human individual, comprising**

determining if there is a sustained reduction of circulating anti-dsDNA antibodies in the individual of at least 10% below baseline for at least two months, wherein said sustained reduction indicates the effectiveness of the treatment.

**Claim 48 (new):** The method of claim 47, which further comprises the step of adjusting the dosage of the agent administered to the individual based on the level of anti-dsDNA antibodies.

**Claim 49 (new): The method of claim 48, wherein adjusting the dosage of the agent comprises adjusting the frequency of administration of the agent.**

**Claim 50 (new): The method of claim 47, wherein the treatment comprises administration to the individual of a conjugate of the formula**

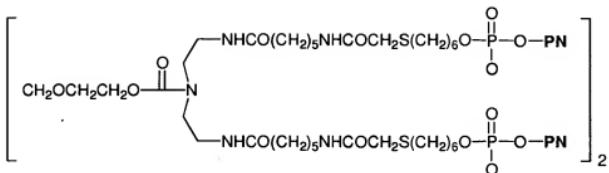


wherein PN is (CA)<sub>10</sub>•(TG)<sub>10</sub> ((SEQ ID NO:2)•(SEQ ID NO:1)).

**Claim 51 (new): A method of assessing the likelihood of success of a treatment for SLE in a human individual, comprising**

determining if there is a sustained reduction of circulating anti-dsDNA antibodies in the individual of at least 10% below baseline for at least two months, wherein said sustained reduction indicates the likelihood of success of the treatment.

Claim 52 (new): The method of claim 51, wherein the treatment comprises administration of a conjugate of the formula



wherein PN is  $(\text{CA})_{10}\bullet(\text{TG})_{10}$  ((SEQ ID NO:2)•(SEQ ID NO:1)) to the individual.

Claim 53 (new): A method of assessing the likelihood of renal flare in a human individual with SLE, comprising

determining if there is a sustained reduction of circulating anti-dsDNA antibodies in the individual of at least 10% below baseline for at least two months, wherein said sustained reduction indicates a decreased likelihood of renal flare.

Claim 54 (new): The method of claim 27, 47, 51, or 53, wherein the step of determining if there is a sustained reduction comprises determining if there is a sustained reduction of circulating anti-dsDNA antibodies in the individual of at least 20% below baseline for at least two months.

Claim 55 (new): The method of claim 27, 47, 51, or 53, wherein the step of determining if there is a sustained reduction comprises determining if there is a sustained reduction of circulating anti-dsDNA antibodies in the individual of at least 30% below baseline for at least two months.

Claim 56 (new): The method of claim 27, 47, 51, or 53, wherein the step of determining if there is a sustained reduction comprises determining if there is a sustained reduction of circulating anti-dsDNA antibodies in the individual of at least 10% below baseline for at least six months.

Claim 57 (new): The method of claim 27, 47, 51, or 53, wherein the step of determining if there is a sustained reduction comprises determining if there is a sustained reduction of circulating anti-dsDNA antibodies in the individual of at least 10% below baseline for at least one year.

Claim 58 (new): The method of claim 27, 47, 51, or 53, wherein the sustained reduction is at least 10% below baseline for greater than or equal to 2/3 of all observed values.

Claim 59 (new): The method of claim 27, 47, or 51, wherein the SLE is renal SLE.

Claim 60 (new): The method of claim 27 and 47, wherein the sustained reduction indicates the effectiveness of the treatment for renal flare.

Claims 61 (new): The method of claim 51, wherein the sustained reduction indicates the likelihood of success of the treatment for renal flare.